



Medicaid Eligibility Changes

EPACE/DCS/MAA

July 2003



CHANGES

- **Income verification**
- **6 month review**
- **Rescind continuous eligibility**
- **Premiums**
- **Eliminate MI program**
- **Community Spouse Resource Allowance**
- **Limit COPES cases**



Income Verification

Old Policy:

- Household **declaration of income** is used to determine eligibility for Children's or Pregnancy medical.

New Policy (4/1/03):

- Households must **verify** their income for Children's and Pregnancy medical at:
 - Application
 - Eligibility review
 - Six month report



How Will Income Be Verified?

- Employer contact – by telephone or employer statement
- ACES Interfaces
- Wage stubs, award letters
- Inquiry access to with other system (SEMS, SOLQ, GUIDE)
- Collateral contacts
- TALX



6 Month Review

Old Policy:

- Clients on Family and Children's medical receive a 12 month certification period.
- An eligibility review is completed at the end of 12 months to receive continued medical.

New Policy (7/1/03):

- Clients on Family and Children's medical will receive a 6 month certification period.
- An eligibility review is completed at the end of 6 months to receive continued medical.



6 Month Review

- Policy takes effect July 2003;
- Client will need to complete and return a **6-month** review;
- Cases will close at 6 months for no review;
- Reported changes will be acted on; and
- Income changes will be verified.



Rescind Continuous Eligibility

Current Policy:

- Children's and Pregnancy medical are certified for 12 months. Changes **do not affect** eligibility during the certification period.
- *Exceptions:* moved out of state, death, loss of contact, child turns 19.

New policy:

- Children's medical certified for 6 months from last review.
- Changes **will be acted upon** and medical eligibility recalculated.
- *Note: Pregnancy Medical will retain continuous eligibility.*



Premiums

Current Policy:

- No premiums required for clients receiving Children's Medical.

Proposed policy:

- Premiums required for *optional* children:
 1. Apply Snee-de-Kizer rules if applicable;
 2. Determine if child must pay premiums;
 3. Premium based on net available income.



Premiums

Premiums **will be required** for the following groups of optional children:

Age

Income above

0 - 1

185% FPL

1 - 5

133% FPL

6 - 19

100% FPL



Premiums

FPL

Premium amount

100% to 150%

\$15

151% to 200%

\$20

201% to 250%

\$25

Household max = total of 3 highest premiums



Eliminate MI Program

- Effective 7/1/03, the MI program is eliminated.
- Hospitals may submit applications for retroactive medical until 9/30/03.
- No approval for time periods after 6/30/03.
- No program to replace MI.



Alternatives to MI

- Voluntary inpatient psych – new PII program.
- ITA – pay through MMIS same as before.
- If possible disability, send for ODI.
- If alien, emergency condition, see about AEM.



Community Spouse Resource Allowance

Current Policy

- CS gets to keep up to \$90,660 in resources when spouse is institutionalized and on Medicaid.

New Policy

- For spouse institutionalized on/after 8/1/03, CS keeps up to \$40,000, **or**
- CS keeps $\frac{1}{2}$ community resources up to \$90,660.



Limit on COPES Program

■ Current Policy

- Maximize community placements.
- Program growth unrestricted.

■ New Policy

- Growth limited to 1%.
- Additional unduplicated clients will be placed on waiting lists.



MAA Web Site

- Information on upcoming medical program changes can be found at:

<http://fortress.wa.gov/dshs/maa/ProgramChanges2003/>



Questions?

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